

# **EXHIBIT 17**

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American Society of  
**Anesthesiologists**



## Monday Morning Outreach

Beverly K. Philip, MD, FACA, FASA  
President, American Society of Anesthesiologists

**April 12, 2021**

Welcome to Monday Morning!

I appreciate those of you who contacted me and other ASA officers regarding social media coverage of changes in anesthesia practice models at the [Watertown \(Wisconsin\) Regional Medical Center](#). As we stated in Wednesday's "Anesthesiology Today" eblast, those reports are misleading at best. We were particularly unhappy with their statement that "the literature is clear that care quality and outcomes are just as good with CRNAs." That is false. The independent literature clearly shows that physician involvement in anesthesia care provides better outcomes. Fortunately, facilities such as this remain rare and we intend to work to keep it that way. Any step away from anesthesiologist-delivered

and anesthesiologist-led team-based anesthesia care is a step in the wrong direction for our patients. ASA will continue to direct our resources toward ensuring that policymakers at both the state and federal level support the safety of their constituents by supporting anesthesiologist-delivered and led anesthesia care models.

## **LEGISLATIVE CONFERENCE 2021**

Registration is now open for our May 16 virtual Federal LEGISLATIVE CONFERENCE. If you've been following the ASA advocacy updates in this space over the last few weeks, you know that a number of serious challenges face our specialty today. It is imperative that every ASA member become educated about the facts of these issues and be involved in our critical advocacy efforts. The ASA LEGISLATIVE CONFERENCE is one of the best ways to do that.

The agenda is dynamic and can change right up until start time, but as with all our conferences, you can expect to:

- Familiarize yourself with our legislative and grassroots agendas for the year
- Connect with ASA leaders on the top issues we face
- Learn how best to have your voice heard
- Connect with your elected officials

In 2020, we had a memorable conference with a record-breaking 1,450 registrants. Let's all get involved and beat that number this year!

[REGISTER FOR LEGISLATIVE CONFERENCE 2021 →](#)

## **State of the Components Survey**

You've heard it a million times – "all politics is local." It's surely true for the activities of ASA's component societies. We just got data back from our 2020 "State of the Components Survey," which ASA is using to help develop component support initiatives in 2021. According to those polled, here were the top three benefits of state component membership:

1. Advocacy (state and federal)
2. Continuing medical education/annual meeting
3. Networking/camaraderie

Other benefits named were leadership opportunities and resource sharing. These needs at the component level generally mirror and are complementary to those at the national level. But it's important to note that your state component is often your most effective resource for accessing these benefits, particularly in advocacy. State components are doing the important grassroots work for issues like scope of practice, truth in advertising, surprise medical bill legislation/regulation, and Medicaid reimbursement.

Your component is your pipeline to engagement in ASA. I urge you to seek out volunteer opportunities there. One added benefit: component work experience is a major factor in selecting members for national committee appointments. Ultimately, we are a stronger national society with strong local engagement.

## **Journal Highlight: Study on Methadone and Ketamine in Spinal Surgery**

I want to highlight a very interesting study from the March issue of *Anesthesiology* titled [Perioperative Methadone and Ketamine for Postoperative Pain Control in Spinal Surgical Patients](#). In it, Murphy et al. report on a clinical trial comparing the combination of methadone plus ketamine to methadone alone in 130 patients undergoing elective spine surgery. They found that adding ketamine to methadone reduced pain scores from 4 to 2 points on an 11-point Likert scale and halved postoperative opioid use (11 vs. 20 tablets). Pain scores at rest, with coughing, and with movement were one-third lower (3 to 4 vs. 5 to 6) in the methadone/ketamine group at nearly every assessment time over 72 hours.

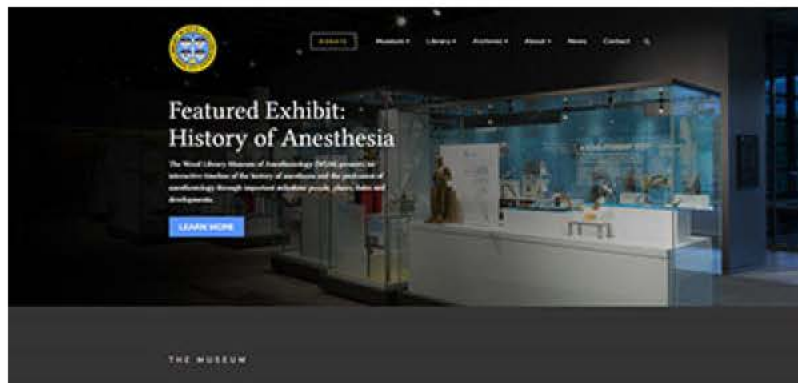


In [an editorial](#), Editor-in-Chief Evan Kharasch and Editor J. David Clark noted that ketamine seems to have “boosted” the effects of methadone in a manner similar to the “boosting” of antiretrovirals by co-administering low doses of ritonavir – a protease inhibitor with only modest effects when used alone. Also noteworthy is that this study was meticulously conducted and reported at a private hospital, which hopefully sends the message that high-quality research is not exclusive to academic institutions.

Be sure to check out [the accompanying podcast](#) for a deeper dive into the data and their significance.

## WLM Launches New Website

You have to check out the [Wood Library-Museum's new website](#). It's been completely re-designed, and the result is one of the most attractive and unique websites in our specialty. The WLM's new Director, Matthew Toland, made this redesign one of his top priorities, in order to make their growing collection as accessible as possible to everyone.



My guess is that the average ASA member isn't aware of even a fraction of the resources and historical materials housed by the WLM. The new site offers an intuitive and thoroughly enjoyable way to explore it all. The library's collection is always growing and the site is updated often – so check in regularly to see what gems have been added to this amazing resource.

Finally, as the holy month of Ramadan begins this evening, I want to wish our Muslim colleagues a blessed and happy Ramadan. Ramadan Mubarak!

As always, please keep your comments coming directly to me at [president@asahq.org](mailto:president@asahq.org).

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